U.S. Department of Labor Employment Standards Administration Office of Labor-Management Standards Washington, DC 20210

FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP

Form Approved
Office of Management and Budget
No. 1215-0188
Expires: 07-31-2004

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

	READ THE I	ISTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.	
For Official Use Only	1. FILE NUMBER	2. PERIOD COVERED MO DAY YEAR 3. (a) AMENDED — If this is an amended report correcting a particular filed report, check here:	reviously
MEC.D	5 4 1 - 8 9 5	From 0 1 0 1 2 0 0 3 (b) TERMINAL — If your organization ceased to exist and the terminal report, see Section XII of the instructions and ch	nis is its
FEB 1 87004	0 4 1 - 0 0 0		
E Care nooth		Through 1 2 3 1 2 0 0 3 (c) SUBSIDIARY — If this is a report for a subsidiary organi your union as defined in Section X of the instructions, che	eck here:
		8. MAILING ADDRESS	_
		First Name	1
		MORTY	ļ
		Last Name	Į.
		MILLER	
		P.O. Box · Building and Room Number (if any)	į
		SUITE 212	
4. AFFILIATION OR ORGANIZATION	I NAME		
HOTEL EMPL, RESTAU	RANT EMPL AFL-CI	Number and Street 1 2 5 5 LA QUINTA DRIVE	
5. DESIGNATION (Local, Lodge, etc.	′ I	N NUMBER 1255 LA QUINIA DRIVE]
LU	362	City	
7. UNIT NAME (if any)		ORLANDO	
		State ZIP Code + 4	=
Are your organization's records ker (If "No," provide address in Item 75.	t at its mailing address? Yes	No [F L 3 2 8 0 9 - 7 7 4 0	1895
	/		2/54
75. ADDITIONAL INFORMATION			04-049-012/541895
Rem Muliber			4 = 40-4
			٥
Each of the undersigned, duly authorized of accompanying documents) has been exam	flicers of the above labor organization ined by the signatory and s, to the b	n, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information submitted in this report (including the information state) set of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on payalties in the instruction	ns.)
76. Magbe	Milles	PRESIDENT 77. SIGNED:	REASURER
SIGNED:	1078510626	7 / - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	If other title, see instructions.)
Date	Telephone Number	see instructions.)	ee manuchons.j
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Dui	ing the Reporting Period Did Your Organization:			18. How many members did your
10.	Have a "subsidiary organization" as defined in	Yes	No X	organization have at the end of the reporting period?
	Section X of the instructions?		<u> </u>	19. What is the date of your organization's next regular election of officers? MO YEAR 0 8 2 0 0 6
11.	Create or participate in the administration of a trust or other fund or organization, as defined			20. What is the maximum amount recoverable
	in the instructions, which provides benefits for members or their beneficiaries?		X	under your organization's fidelity bond
	members of their beneficialities?			for a loss caused by any officer or employee of your organization?
12.	Have a political action committee (PAC) fund?		X	21. What are your organization's rates of dues and fees? (Enter a minimum and maximum if more than one rate
40				applies for any line.) Rates of Dues and Fees
13.	Acquire or dispose of any goods or property in any manner other than by purchase or sale?		X	(a) Regular Dues/Fees \$ 26.87 per MONTH (41cmth Very etc.)
14.	Have an audit or review of its books and records		I	(b) Initiation Fees \$\frac{N/A}{\tag{Month, Year, etc.}}
• • •	by an outside accountant or by a parent body	X		(c) Transfer Fees \$ N/A
	auditor/representative?	_		(d) West Permits
15.	Discover any loss or shortage of funds or other property?		X	(d) Work Permits per (Month, Year, etc.)
	(Answer "Yes" even if there has been repayment or recovery.)			22. During the reporting period, did your organization
	• ,			have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/
16.	Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or			procedures listed in the instructions?(If the constitution and bylaws or practices/
	more as an officer or employee of another labor organization or of an employee benefit plan?		X	procedures have changed, see the instructions.)
4				23. Were any of your organization's assets pledged
17.	Liquidate or reduce any liabilities without disbursement of cash?		X	as security or encumbered in any other way at the end of the reporting period?
				24. Did your organization have any contingent liabilities at the end of the reporting period?
	he answer to any of the above questions is "Yes," pro em 75 as explained in the instructions for each item.)		tails	(If the answer to Item 23 or 24 is "Yes," provide details in Item 75.)

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only -- Do Not Enter Cents

	ASSETS Item	From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
	25. Cash		1 9 4 2 9 6	4 9 2 5 6 4
	26. Accounts Receivable		0	0
ETS.	27. Loans Receivable	1	0	0
ASSETS	28. U.S. Treasury Securities		0	0
	29. Investments	2	0	0
	30. Fixed Assets	5	1 0 4 4 8	6 3 6 3
	31. Other Assets	3	0	0
	32. TOTAL ASSETS		2 0 4 7 4 4	4 9 8 9 2 7
	LIABILITIES Item	From SCH #	Start of Reporting Period (C)	End of Reporting Period (D)
	33. Accounts Payable		0	0
IES	34. Loans Payable	8	0	0
LIABILITIES	35. Mortgages Payable		0	0
LIA	36. Other Liabilities	4	0	0
	37. TOTAL LIABILITIES		0	0
	38. NET ASSETS (Item 32 less Item 37)		2 0 4 7 4 4	4 9 8 9 2 7

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only -- Do Not Enter Cents

CASH RECEIPTS	From SCH #	AMOUNT	CASH DISBURSEMENTS	From SCH #	AMOUNT
39. Dues		5 6 7 8 8 4	56. To Officers	9	2 3 2 3
40. Per Capita Tax		0	57. To Employees	10	1 3 6 6 4 7
41. Fees		0	58. Per Capita Tax		284556
42. Fines	 	0	59. Fees, Fines, Assessments, etc]	0
43. Assessments		0	60. Office & Administrative Expense	13	1 1 4 7 6 8
44. Work Permits		0	61. Educational & Publicity Expense		0
45. Sale of Supplies		0	62. Professional Fees		1 2 5 1 6
46. Interest		3 3 6 1	63. Benefits	11	4 8 0 5 1
47. Dividends		0	64. Contributions, Gifts & Grants	12	2 5 0 0
48. Rents		0	65. Supplies for Resale		0
49. Sale of Investments & Fixed Assets	6	0	66, Direct Taxes		1 2 5 6 7
50. Loans Obtained	8	0	67. Withholding Taxes		2 5 2 4 9
51. Repayments of Loans Made	1	0	68. Purchase of Investments & Fixed Assets	7	0
52. On Behalf of Affiliates for Transmittal to Them	1	0	69. Loans Made	1	0
53. From Members for Disbursement on Their Behalf		0	70. Repayment of Loans Obtained	8	0
54. Other Receipts	14	3 6 6 2 0 0	71. To Affiliates of Funds Collected on Their Behalf		0
			72. On Behalf of Individual Members		0
			73. Other Disbursements	15	0
55. TOTAL RECEIPTS		9 3 7 4 4 5	74. TOTAL DISBURSEMENTS		6 3 9 1 7 7

Enter Amounts in Dollars Only -- Do Not Enter Cents

SCHEDULE 1 – LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting	Loans		Repayments Rece	Repayments Received During Period			
period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Outstanding at Start of Period (B)	Loans Made During Period (C)	Cash (D)(1)	Other Than Cash (D)(2)	Outstanding at End of Period (E)		
1.							
	i						
2.							
3.	i						
Totals from additional pages (if any)							
5. Totals of loans not listed above	0	0	0	0	0		
6. Totals of Lines 1 through 5	0	0	0	0	0		
The totals from Line 6 are entered in	ltem 27 Column (A)		Item 51	ltem 75 with Explanation	ltem 27 Column (B)		

SCHEDULE 2 - INVESTMENTS (OTHER THAN U.S. TREASURY SECURITIES)

FILE NUMBER: 5 4 1 - 8 9 5

SCHEDULE 3 - OTHER ASSETS

Description (A)	Amount (B)	Description (A)	Book Value (B)
Marketable Securities	_	1. None	0
1. Total Cost	0	2.	
2. Total Book Value	0	3.	
List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.		4.	
(a) None	0	5.	
(b)		6. Total from additional pages (if any)	
(c)		7. Total of Lines 1 through 6	0
(d)		The total from Line 7 is entered in	Item 31, Column (B)
Other investments 4. Total Cost	0	SCHEDULE 4 - OTHER	LIABILITIES
5. Total Book Value	0	Description (A)	Amount at End of Period (B)
List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.		1. None	0
(a) None	0	2.	
(b)		3.	
(c)		5.	
(d)		10.	
(e) Total from additional pages (if any)		6. Total from additional pages (if any)	
7. Total of Lines 2 and 5	0	7. Total of Lines 1 through 6	0
The total from Line 7 is entered in	Item 29, Column (B)	The total from Line 7 is entered in	Item 36, Column (D)
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SCHEDULE 5 - FIXED ASSETS

FILE NUMBER: 5 4 1 - 8 9 5

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location): None	0		0	0
2. Totals from additional pages (if any)				
3. Buildings (give location): None	0	0	0	0
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles	0	0	0	0
6. Office Furniture and Equipment	4 4 2 3 9	3 7 8 7 6	6 3 6 3	6 3 6 3
7. Other Fixed Assets	0	0	0	0
8. Totals of Lines 1 through 7	4 4 2 3 9	37876	6 3 6 3	6 3 6 3

SCHEDULE 6 - SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1. None	0	0	0	0
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5	0	0	0	0
	7. Less Reinvestments			0
	8. Net Sales			0
The total from Line 8 is entered in		,	ltem	49

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SCHEDULE 7 - PURCHASE OF INVESTMENTS AND FIXE	FILE NUMBER: 5 4 1 - 8 9 5					
Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)			
1. None	0	0	0			
2.						
3.						
4.						
5. Totals from additional pages (if any)						
6. Totals of Lines 1 through 5	0	0	0			
	7. Less Reinvestments		0			
	8. Net Purchases		0			
The total from Line 8 is entered in		lter	m 68			
SCHEDULE 8 LOANS PAYABLE						

			Repayment Made I	During Period	
Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Cash (D)(1)	Other Than Cash (D)(2)	Loans Owed at End of Period (E)
1. None	0	0	0	0	
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5	0	0	0	0	
The total from Line 6 is entered in	item 34 Column (C)	Item 50	Item 70	ltem 75with Explanation	Item 34 Column (D)

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SCHEDULE 9 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 5 4 1 - 8 9 5

(A) Name (List all persons who held office during the reporting period e they received no salary or other disbursements.) (B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)		(before taxes and							
		other deductions) (D)	Allowances (E)	for Official Business (F)	Disbursements (G)	Total (H)			
MILLER MORTY		0	0	0	0	(
1. PRESIDENT	C								
NOLAN THOMAS		9 6	0	0	0	9 (
2. SEC/TREASURER	С								
NUBICKI FRANK		9 7 9	0	6 5	0	1 0 4 4			
3. VICE PRESIDENT	С								
MYERS GREG		9 3	0	0	0	9 3			
4. E. BOARD	С								
MYKINS JIM		8 9	0	1 6	0	1 0 5			
5. E. BOARD	С	,							
PEARCE TOM	-9.0	1 1 1	0	0	0	1 1 1			
6. E. BOARD	С								
NASARENKO JOHN		0	0	0	0	(
7. E. BOARD	P								
8. Totals from additional pages (if any)		1081	0	0	0	108			
9. Totals of Lines 1 through 8		2 4 4 9	0	8 1	0	253(
				10. Less Deductions	s	2 0 7			
The total from Line 11 is entered in			em 56	11. Net Disburseme	ents	2 3 2 3			
*Code for Status (C): past officer - P; continuing officer - C; new office	er during the	reporting period - N.		(If any officer was not your organization's co	elected at a regular elect	ion in accordance with plain in Item 75.)			

SCHEDULE 10 - DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 5 4 1 - 8 9 5

(A) Name (List all employees who received from your organization and any a (B) Position (Enter employee's job title.) (C) Name of Affiliated Organization	more than \$10,000 in total disbursements ffiliates.) (if applicable)	Gi (befo	r de	tax	es a	and	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)			otal (H)		
BAILEY	PAT		3	7 7	7 4	1 0	0	2 3 2 2	0		4	0 0) 6	2
1. UNION REP														
CLARK 2. UNION REP	DEBRA		2	9 7	 7 €		0	4 3 9 7	0		3	4 1	1 6	4
CLINTON 3. ORGANIZER	ERIC		2	7 2	2 1	6	0	4999	0		3 :	2 2	2 1	5
VALERO 4. OFFICE SEC.	JESSICA ·		1 (6 5	 5	2	0	0	0		1 (6 5	5 7	2
YASSEN 5. UNION REP	JEREMY		2 9	9 2	2 1	6	0	3868	0		3	3 0	8	4
Totals from additional pages (if any) Totals for all employees who, during the re \$10,000 or less in total disbursements fro any affiliates	eporting period, received om your organization and			5 2	2 6	3	0	3 2 9	0			5	5 9	2
8. Totals of Lines 1 through 7		1	4	5	7 7	7 4	0	15915	0		1 6	1	68	9
								9. Less Deductions		2	5 (0 4	4 2	<u>}</u>
The total from Line 10 is entered in						It	em 57	10. Net Disburseme	nts 1	3	6 (6	4 7	$\overline{7}$
orm I M-2 (Revised 2000)				2	1.0			<u> </u>					ie 10 d	_

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SCHEDULE 11 - BENEFITS

FILE NUMBER: 5 4 1 - 8 9 5

Description To Whom Paid (A) (B)		Amount (C)				
OEL PENSION FUND	2	1	2	7	7	
WDW GROUP AND SEIU HEALTH	2	6	7	7	4	
	4	8	0	5	1	
	(B) OEL PENSION FUND	(B) (COUPLING OF THE PENSION FUND 2 WDW GROUP AND SEIU HEALTH 2	(B) (C) OEL PENSION FUND 2 1 WDW GROUP AND SEIU HEALTH 2 6	(B) (C) OEL PENSION FUND 2 1 2 WDW GROUP AND SEIU HEALTH 2 6 7	(B) (C) OEL PENSION FUND 2 1 2 7 WDW GROUP AND SEIU HEALTH 2 6 7 7	

SCHEDULE 12 - CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)		
1. NOT FOR PROFIT ORGANIZATIONS	2 5	0	0
2.			
3.			
4.			
5.			. <u> </u>
6.			
7. Total from additional pages (if any)			
8. Total of Lines 1 through 7	2 5	0	0
The total from Line 8 is entered in	Item 64		

SCHEDULE 13 - OFFICE & ADMINISTRATIVE EXPENSE

Description (A)					ount 3)			
1. BANK CHARGES								2
2. CLEANING SERVICES					4	3	4	5
3. INTERNET ACCESS						4	4	9
4. DUES & SUBSCRIPTIONS					1	1	0	4
5. ELECTRIC					3	9	2	9
6. EQUIPTMENT RENTAL/MAINT.					3	7	7	6
7. Total from additional pages (if any)			1	0	1	1	6	3
8. Total of Lines 1 through 7			1	1	4	7	6	8
The total from Line 8 is entered in	The total from Line 8 is entered in							

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SCHEDULE 14 - OTHER RECEIPTS

Amount Description (B) (A) 1 ORGANIZING SUBSIDY 3 6 6 2 0 0 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. Total from additional pages (if any) 3 6 6 2 0 0 17. Total of Lines 1 through 16 The total from Line 17 is entered in Item 54

SCHEDULE 15 - OTHER DISBURSEMENTS

Description (A)	Amount (B)	
1 None		0
2.		
3.		
4.		
5.		
6.		
7.		
8.		l
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16. Total from additional pages (if any)		
17. Total of Lines 1 through 16		0
The total from Line 17 is entered in	Item 73	200 12 of 12

HOTEL EMPL, RESTAURANT EMPL AFL-CIO

ENDING DATE OF PERIOD COVERED:

12/31/2003

SCHEDULE 9 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name (Lis	st all persons who held office during the reporting period eve y received no salary or other disbursements.)	en if	Gross Salary (before taxes and		Disbursements for Official	Other	
(B) Title (Ente	er title of officer, such as PRESIDENT or TREASURER.)	Status (C)*	other deductions) (D)	Allowances (E)	Business (F)	Disbursements (G)	Total (H)
SANTANA	IRMA		0	0	0	0	0
E. BOARD		Р					
WALDEN	CHRISTI		2 7 6	0	0	0	2 7 6
E. BOARD		С					
ROWLAND	RICK		8 9	0	0	0	8 9
E. BOARD		С					
HOLMAN	EQUIANO		0	0	0	0	0
E. BOARD		P					
MOZENBERG	ROBERT	, , , , ,	1 8 2	0	0	0	1 8 2
E. BOARD		N					i
MARTINEZ	MARY		4 4 5	0	0	0	4 4 5
E. BOARD		N					
LOPEZ	LOUIS		0	0	0	0	0
E. BOARD		N					
BELASTHON	MARIE		8 9	0	0	0	8 9
E. BOARD		Р					

ORGANIZATION NAME:

HOTEL EMPL, RESTAURANT EMPL AFL-CIO

ENDING DATE OF PERIOD COVERED:

12/31/2003

SCHEDULE 13 - OFFICE & ADMINISTRATIVE EXPENSE (continued)

	:			
	2	5	8	7
		5	4	8
_	6	4	6	0
	3	9	2	6
1	2	1	7	9
3	4	5	5	6
		3	3	3
		4	1	5
	7	9	0	9
	2	8	4	5
1	1	1	8	0
	6	2	1	3
	1	2	1	7
	4	3	9	4
	6	4	0	1
				,,_,,
	1 3	(B) 2 6 3 1 2 3 4 7 2 1 1 6 1 4	2 5 5 6 4 3 9 1 2 1 3 4 5 3 4 7 9 2 8 1 1 1 6 2 1 2 4 3	(B) 2 5 8 5 4 6 4 6 3 9 2 1 2 1 7 3 4 5 5 3 3 4 1 7 9 0 2 8 4 1 1 1 8 6 2 1 1 2 1 4 3 9

ORGANIZATION NAME: HOTEL EMPL, RESTAURANT EMPL AFL-CIO	FILE NUMBER:
ENDING DATE OF PERIOD COVERED: 12/31/2003	

75. ADDITIONAL INFORMATION

em Number	
14	THE ACCOUNTING FIRM OF TATTERSALL & TATTERSALL, P.A. HAS REVIEWED THE BOOKKEEPING RECORDS AND COMPILED THI DATA INTO A FINANCIAL STATEMENT FORMAT AND PREPARED THE IRS FORM 990 AND THE DOL FORM LM-2

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